A MODULE FOR CONDUCTING ADVOCACY ON REPRODUCTIVE HEALTH

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Contents

Introduction

The entire tenure of the MacArthur Foundation Fellowship on **Population Innovation** was dedicated to preparing **A MODULE FOR CONDUCTING ADVOCACY ON REPRODUCTIVE HEALTH.**

A combination of methods were used that included:

- documentation of ground level interventions,
- media monitoring on reproductive health issues,
- interactions with NGOs and groups dealing with reproductive child health and
- national and regional consultations with the NGOs working on these issues.

The advocacy module comprises of five sections. The first titled ***"Rationale for an Advocacy Module on Reproductive Health"*** deals with the key priorities or concerns that the groups working on reproductive health have focussed upon. This section highlights the fact that any advocacy effort that aims at advancing these issues has to reconcile with many different priorities. It is therefore imperative that a well planned advocacy strategy be formulated in advance.

The second section ***"Preparing for Advocacy"*** describes the module. It begins with an introduction on the concept of strategic advocacy before going on to explain the preparatory and the actual process.

The third section ***"Using the Module"*** attempts to explain how this methodology can be used. To facilitate this actual experience of organisations like MASUM and CINI were used to illustrate the advocacy they were conducting on issues such as Reproductive Rights for Women and Community Needs Assessment Approach.

The fourth section ***"Knowing the Policy and The Program"*** provides information on the existing Population Policy and the Reproductive Child Health Program.

In the fifth section ***"Module on Media's Role"*** media clips are used to explain the role mass media plays in shaping and framing issues be it reproductive health, women's empowerment or other related concerns.

The module also provides exercises at different levels to enable the user to understand the complexities of the process of advocacy.

SECTION II

Rationale for an Advocacy Module on Reproductive Health

Rationale for an Advocacy Module on Reproductive Health

All the groups we met that are working on reproductive health interventions focus on what they see as key priorities or concerns. Some referred to these as conceptual priorities, others as programmatic and advocacy priorities.

They are outlined as follows:

CONCEPTUAL PRIORITIES

- Reproductive health occupies the crux of women's subordination and is a **political question a question of choices and the right to choose** rather than a medical question.
- It is essential to root reproductive health within the comprehensive primary health care system.
- Should link concepts of **reproductive rights to human rights** of women.
- Should enhance women's **access to information, strengthening their knowledge and confidence** in their experiences.
- **Work with men** to be able to persuade them to address their own sexual well being as well as those of their partners.
- **Change power relationships** in families and societies.
- Reproductive health has to be both **women centered and community based**.
- Reproductive health has to **address gender violence** against women.

PROGRAMMATIC PRIORITIES

- Ensure that all the key commitments of the program of action of the **1994 ICPD be translated into action**.
- Make sure that the program becomes more **responsive to the needs of the clients**.
- Make the **health functionaries** at the grassroots supportive and **interested allies** in this process of change.
- Strengthen the **NGOs capacity and role as an active link** between the community and the government.
- Enable communities to actively access, demand and utilise healthcare facilities according to their needs and capacities.
- Adopt a **life cycle approach** to address the needs of different population groups from childhood to old age.
- Should address **reproductive morbidity** such as cases of uterine pro-lapse.
- Should address women's health in middle and later life i.e, post child bearing age.
- Reproductive health has to **impart life skills and health education** for adolescents and girls.
- Address children in difficult and marginalised circumstances.
- Better the implementation of a centrally sponsored program called Reproductive Child Health Program.
- Address the urgent need for **qualified women health care service providers**.
- Ensure **right to services** like abortion, delivery, MTP, surgeries, hysterectomies in rural health facilities.
- Ensure access to transport, communication and services to meet emergency health care.

- Make functionaries in rural areas sensitive to the needs and opinions of people.

- Provide quality service to prevent the **mushrooming of quacks** and unqualified persons

- **Strengthen public health care system** and staff it adequately.

- Ensure that all government-sponsored information campaigns about the provision of schemes and services reach the poor.

- Ensure that **information** related to new policies, programs **reach the remotest areas** especially in regions like the Northeast.

ADVOCACY PRIORITIES

- Strengthen a **women centered approach.**

- Strengthen an **alternative health care approach**.

- Ensure **accountability** of the health-care system.

- Develop the need and capacity to **address youth, children and adolescents**.

- **Strengthen** self-activity of the community through **democratic mechanisms** such as panchayat system.

- Strengthen **community participation** through implementation of the community needs assessment approach.

- Advocate and institute **community centered action research and training** to ensure prioritization of the health care needs.

What does these varying priorities indicate?

DIFFERENT PERSPECTIVES AND APPROACHES

Three dominant positions:

1. One group saw **health care as a rights based issue**. The words they would emphasize or assert are autonomy, right to self expression etc. in reference to hitherto taboo issues like sexuality, sexual desire and determining one's own sexual preferences.

   They set store upon **empowerment of women** to assert their own agency. This means furthering the frontiers of public discourse on sexuality and freeing women from all manners of patriarchal values that they have been conditioned by. Since their struggle has been largely aimed at addressing the mindset, it was considered vital to connect with the experiential and emotional dimension of the issue. Therefore any **advocacy had to be rooted in a highly personalised and individualised framework**.

2. The second group was very focussed on what they saw as **Programmatic commitments** of Reproductive Health issues.

   Any change in approach they felt should be genuinely **client centered**, taking into account the fact that the programme catered to populations that are highly marginalised, part of an inequitable socio-economic structure and outside the pale of justiciable, fundamental and statutory rights.

   So the programme has to

   devise new norms for delivery

   making women, men and adolescents part of the solution seeking process

   Ensuring that people centered approach takes into account their circumstances, needs, capacities.

Here again, the organisations have adopted different strategies to strengthen this approach. Some have demonstrated the viability of women or community centered initiatives based on right partnerships and collaborations, others have done very strategic work in the area of action research, advocacy and sensitisation of different stakeholders.

3. The third group was very concerned about what they termed as the core or basic issue, their concern stemming from working with the community or as health planners, academicians and/or experts.

They have been most exercised about the fact that with the **public health-care system virtually disintegrating lacking the capacity for outreach, its effectiveness and ability to be genuinely community centered any programmatic intervention around Reproductive Child Health cannot succeed?**

They feel that much of the official response to the problem has been donor driven, with no serious effort being made to take a preventive or holistic stand on public health care, allowing problems to go beyond manageable proportions.

Key health intervention undertaken with all manner of external support and funding have very little to show at the end of the programme phase, be it in organisation or capacity building. What is commonly witnessed is just short term infusion of new ideas, experiments, superficial changes, with no significant effect on the system or the community.

In brief they are either scathing critics of the entire programme or at the grassroots, knowing that all that needs to be done, skeptical of governance structure.

So the questions that arise are:

- In such a diverse scenario, with different perspectives and priorities on the issue, how can advocacy cope with all the disagreements and differences?

- Secondly, how do we present ourselves as a common interest group?

- In other words, can groups maintain their exclusive identity when forging a relationship with an interest group as a whole?

Yes, provided an organisational strategy on advocacy is deliberately planned and evolved. The strategy must define the scope, process and outcomes, keeping in view the key priority as the defining issue of the group or organisation. It must be conscious about different forms of cooperation, collaboration and relationship that we have to establish with other similar and thematically akin interventions.

SECTION III

Preparing for Advocacy

An Advocacy Module on Reproductive Health

The Reproductive Child Health Programme, and the constitution of the National Population Commission under the chairmanship of the Prime Minister, Atal Behari Vajpayee is being viewed as attempts by the government to make a paradigm shift and move away from its conventional family planning approach. The shift is from demographic goals to a programme that will ensure access to quality reproductive health services, with a stress on a woman-centered approach.

At a time when the emphasis is on making women's health a rights-based intervention supported by new institutional processes this programmatic mandate can only be leveraged with an effective advocacy strategy

To enable women to directly participate in the process as "clients" rather than as "beneficiaries" any intervention aimed at this outcome requires an effective advocacy initiative.

Such an advocacy initiative

- Has to go **beyond just disseminating** information.
- Has to **reach a wide audience** so that issue is recognised and supported by a larger group of people.

Strategic Advocacy

Such an advocacy has to be specifically designed, to ensure that a supportive environment gets created.

It should not

- Function in a **sporadic manner** leading to generation and creation of products that promotes the organisation and not the issue.

It should

- Be an **initiative with vision**
- Address and advocate **concerns reflecting its changing characteristics and priorities**.

How do we define Principles, Vision, Goal and Objectives?

PRINCIPLES

Comprehensively states an intent helpful to everyone associated with advocacy, guided by a set of shared principles and ideals.

Example:

- *Reproductive health is a state in which people have the ability to reproduce and regulate their fertility; women are able to go through pregnancy and childbirth safely; the outcome of pregnancy is successful in terms of maternal and infant survival and well being; and couples are able to have sexual relations free from fear of pregnancy and contracting disease.*

  Mahmood Fathalla, WHO, 1998

- *Women's health is a personal and social state of balance and well being in which a woman feels strong, active, creative, wise and worthwhile; where all her diverse capacities and rhythms are valued; where she may make choices, express herself and move about freely.*

  Women and Health Programme, India, 1996

AN EXERCISE

- What is the basic or central idea that we are stating in the above-mentioned principles? Is there any difference in the two principles?
- Select the "key" words in the statement.
- Which words imply "Continuity" and which words imply "Change"?
- If we are guided by one of the principles then what is the major challenge before us today and in the future?

VISION

It embodies the most basic and fundamental reason for the advocacy initiative and the kind of changes that the advocates would like to see to ensure the advancement of the issue.

Example:

- *To guarantee that reproductive rights be treated as human rights of women.*
- *To change the power relationships within the family and society.*

AN EXERCISE

- Do you agree with any of the above-stated Vision Statement?
- If yes, why is such a vision essential? How should the vision be pursued? What should be the focus or thrust of this effort?
- Who should we address or target to advance this vision?

GOALS

Identify and define the central purpose of the initiative in order to ensure that the individual and the organisation stay focussed and make it the basis of any public and policy advocacy.

Example:

- *Design appropriate policies and programmes in order to achieve sexual and reproductive health services for all.*
- *Adopt a life-cycle approach to address the needs of different population groups from childhood to old age.*

AN EXERCISE

- Do you agree with the above goals? Does it define the central purpose of a reproductive health intervention? Is it tangible? Is it pursuable?
- Suggest alternative goals? What is the difference between them?

OBJECTIVE

To identify the actions to be taken and the time-line for their action.

Example:

- *To strengthen NGOS' capacity and role as an active link between the community and the government.*
- *Reproductive health program will impart life skills and health education for adolescents and girls.*

AN EXERCISE

- What is the purpose of these objectives? Is it awareness building, influencing program implementation or strengthening policies?
- Who is the target group?
- What is the geographical scope-local, state or national?

How do we convert the Principles, Vision, Goals and Objectives into Public and Policy Advocacy?

To begin with we need to do a three fold analysis:

1. **Situational Analysis**
2. **Programmatic Analysis**
3. **Target Group Analysis**

SITUATIONAL ANALYSIS

Objective

Find out

- To what extent is the situation close to or removed from your principle, vision and goals?
- What is the performance level of the basic health care system in India and within your area?
- What are the policy priorities that the country has formulated?
- What is the current level of funding and support for this activity?
- What is the level of participation and sustainability in the present policy and program?

An Overview - Relationship of your intervention with

- Other Thematically-Related Interventions
- Economy and society
- Livelihood
- Power relations.
- Local government
- Resources
- Any other

PROGRAMMATIC ANALYSIS

Objective

Check out within your organisation the capacity to do IEC, provide key and support services.

- Capacity and Limitations of the Organisation.
- Material and activities needed to strengthen the concern.
- Ability of the organisation to produce those material.
- People, money and skills that the organisation possesses.
- Available media and communication resources.
- How is your health care program meeting the needs of the rural poor?
- Are the changes being encouraged by you likely to be sustainable and in favour of the marginalised?

TARGET GROUP ANALYSIS

Do

- Target Group segmentation-Socio-demographic characteristics
- Decide the best advocacy strategy for each community
- Constantly review the strategy

Aim at

- Individuals
- Organisations
- Networks

To

- Influence public opinion.
- Decisions and actions of policy makers.

By

- Building from below.
- Influencing key opinion leaders.

Broad Measures

- Identify the target group.
- List concerns, opinions and interests of the various constituencies of the target group. If uncertain identify how this information can be obtained.
- Key responses and solutions that can be proposed.
- Appropriate voices/ experiences/ testimonies for communicating the advocacy priorities.
- Compelling data, numbers, studies, intervention, best practices, breakthroughs, supportive programs.

Channels of Advocacy

Selecting the channel

- Newsletter
- Posters
- Reports
- Symposium
- Conferences
- Media

SECTION IV

Using the Module

Advocacy on Reproductive Rights for Women MASUM, Maharashtra

SITUATIONAL ANALYSIS

Objective

To make women:

- Self-reliant and conscious of the human and constitutional rights of women
- Nurture their physical and emotional health.

Situational Assessment

- A veil of silence and shame is shrouding the concern.
- There is a lot of uterine pro-lapse in one area. It is an occupational health problem related to the work.
- Women have to confront **poor health care system.**
- Also have to **face other human rights violations, displacement, lack of support structures.**
- Acute stigma and discrimination especially if living with HIV or other STDs.

Performance level of the basic health care system in India and within your area.

- Due to the presence of
  - **an NGO like MASUM** and the emergence of **women's collectives,** their empowerment and the ability to negotiate with the system, the government has become more conscious of its responsibilities.
  - Unlike the past the ***PHC is trying to function*** with a doctor and some minimum provision.

Policy priorities in the country.

- RCH is the main program.
- It is a right kind of approach because it also recognises the link between violence and health.
- But some issues are not included like:
  - work and its impact on women's health;
  - health problems like cervical pro-lapse, RTI, STD and breast cancer

Level of participation and sustainability in the present policy and program.

If it is genuinely community centered and integrated in its approach then it can be sustainable.

Relationship of your intervention with— other thematically related interventions, Economy and Society, Livelihood, Power relations, Local government, Resources

- Large sections of women belong to tribal and poor communities.
- Women are victims of inequalities and human rights violations. Their concerns are not entirely understood by the government. The services are of indifferent quality.
- Many development linkages that are necessary for a health intervention are not addressed

PROGRAMMATIC ANALYSIS

Objective

Check out within your organisation the capacity to do IEC, provide key and support services.

Strength and limitations of the organisation

Strength

Have the capacity to be seen as a

- Multi-pronged, woman -centered, rights-based health-care intervention.
- Service provider with services ranging from counselling and providing care and support to making drugs affordable and conducting health advocacy.

Limitations

- Since we see health not from a medical perspective alone but from a holistic perspective the challenge is that much more daunting.
- **Based on this perspective,** this is an issue which is impacted by diverse indicators ranging from
  - self employment,
  - empowerment particularly of tribal women,

- awareness about social inequalities,
- capacity to resist violence,
- guarantee child rights and
- strengthen women's skills and resources.

Material and activities you would put out to address the concern.

- Building capacities through training of community volunteers to impart basic health care
- Training of skills such as
  - diagnosis,
  - treatment,
  - pharmacology and
  - herbal remedies
- **Services**
  - speculum and bimanual examinations,
  - sexuality, nutrition, health education
  - providing basic medicine
- **Counselling**
  - to cope with anxieties and stress
  - to provide space for women to discover themselves.

Ability of the organisation to produce those material

- Experience of nearly 15 years with the requisite skills, insights and commitment.

People, money, skills does the organisation possesses.

- Health professional, social workers and an informed and motivated community volunteers.

Available media and communication resources within the organisation

- Interpersonal communication- **with the community**
- Women centered training programmes adapted to the needs of the rural grassroots women- **community volunteers**
- Designing gender sensitive health curriculum- **discipline related communication**
- Occasional use of Mass media

How does the health care program meet the needs of the rural poor?

- By empowering the women to understand their own body, body processes
- Training them in self diagnosis
- Enhancing their confidence to demand services,
- Creating a space to cope with their difficulties,
- Attempting to put in place support systems that will help women to resist violence.
- Spearheading an advocacy effort such as a People's Health Assembly to pressurise the system to consider health and equitable development as a priority.

Are the changes being introduced by MASUM likely to be in favour of the marginalised?

"It is almost revolutionary, considering that Indian women, especially rural are loath to discussion something seen as most private and even dirty."

Indian Express, 30th January 2000, Mumbai

TARGET GROUP ANALYSIS

Do

Target Group segmentation

Tribal and rural women

Socio-demographic characteristics

Women in the reproductive age group, adolescents, and older women

Aim at

Decide the best advocacy strategy depending on the key issue. For example access to safe abortion.

- Individuals-?
- Organisations-?
- Networks-?

To

Influence public opinion, decisions and action of policy makers

On necessary infrastructure, legal provisions and discouraging system of incentives and disincentives.

Community Needs Assessment Approach, CINI, West Bengal

SITUATIONAL ANALYSIS

Vision

Without a community centered mechanism of shaping, influencing and determining the intervention, RCH will prove ineffective.

Goal

Strengthen

- community centered
- participatory planning
- participatory implementation.

Objective

- Advocacy on CNA as a program pre-requisite for RCH intervention
  - The assumption is that government has been slow to introduce this approach in the system, not because of evasion of responsibility but due to ignorance of the method and process.

Performance of Existing Approach:

- There is lack of data on ground reality.
- There is lack of authentic information.
- More conducive to target setting and conventional planning.

Policy priorities in the country:

- Ensure the paradigm shift
  (Population related intervention sensitive and guided by gender and development indicators).

Current level of funding and support

A mainstream, centrally sponsored programme funded by World Bank, EU…

Level of participation and sustainability

- The potential of CNA yet to be realized.
- Sustainability of CNA will be ensured given the approach of RCH is
  - client centered,
  - demand driven
  - quality services.

PROGRAMMATIC ANALYSIS

Strength

- As Public Health and Women's Health expert they have the capability to
  - work out the methodology and the process
  - integrate this approach into the programme delivery

Limitation

- Only the government can implement this approach on a nation wide scale.
- Hence any such intervention requires the whole hearted and full support of the
  - Policy makers and health administrators,
  - Their willingness to accept technical support from non-government sources

Material and activities

- Have evolved a manual for the proper usage of CNA in RCH.
- Manual has been pre-tested by the right people at the right level to ensure workability.

People, money, skills

- National health groups were involved in shaping the manual pre-testing it. This included:
  - CINI
  - Healthwatch,
  - FPAI

TARGET GROUP ANALYSIS

- Government
- Senior administrators at the Centre responsible for programme management.
- Programme functionaries at the State
- District Village level- ANM, AWW, TBAs
- Donors involved in the program
- Mother NGOs, Small NGOs.

They all must be convinced that this is a method of

- assessing the strength and resources, current needs and service gaps in the community.
- will help to develop future strategies.

SECTION V

Knowing the Policy and the Program

National Population Policy – 2000

DEMOGRAPHIC PROFILE OF INDIA

a. Adverse sex ratio.

b. Inter State disparities.

c. Demographic situation of BIMARU States.

d. High IMR and MMR.

- Intersectoral Agenda for Stabilising Population

1 **Making reproductive health accessible and affordable** – *Women's Health.*

2 **Increasing the coverage and outreach of primary and secondary education** – *Education.*

3 **Extending basic amenities like sanitation, safe drinking water and housing** – *Rural and Urban Development.*

4 **Empowering women with enhanced access to education and employment** – *Ministry of Women and Child Development.*

5 **Providing roads, transportation and communication** – *Rural Development, Transport and Communication.*

OBJECTIVES

Long Term Objective

- **Population stabilisation** by 2045

Medium Term Objectives

- Total fertility rates come to **replacement level by 2010**.
- **Multi-sector operational strategies.**

Immediate Objectives

- Address the **unmet needs of contraception,** health infrastructure and trained health care personnel.
- **Integrated** service delivery.

STRATEGIC THEMES

- Decentralised planning.
- Convergence of rural service.
- Empowerment of women through health.
- Focus on vulnerable groups – older population, under served population.
- Reproductive health service–contraception and training.
- Encouraging alternative healthcare–ISM, diverse healthcare providers.
- Up-scaling IEC.
- Replication – good management practices from South East Asia.

Action Plan For Different Groups (Targeted RCH)

Women's Health and Nutrition

1. Cluster services for women and children.
2. Reducing service delivery costs.
3. Safe abortion.
4. Maternity hut.
5. Child-care centres.

Child Health Survival

1. A National Technical Committee.
2. Integrating advances in perinatology and neonatology.
3. Essential neo-natal care.
4. A national health insurance.
5. An expanded ICDS program.
6. Addressing vulnerable Groups – like street children and working children.

Urban Slums

1. Comprehensive health-care strategy.
2. Network of health care providers – paramedical personnel, retired doctors, NGOS.

Tribal Communities/ Hill Area/Migrant Population

1. Preventive and curative health-care.
2. Mobile clinics.

Adolescents

1. Nutritional services.
2. Access to information, counselling and affordable reproductive health services.

Male Participation

1. IEC – Small families, support contraceptive use, arrange skilled care during deliveries, responsible fathers and educate the girl child.

Health care providers

1. Licensed medical practitioners.
2. Involving non-medical fraternity in counselling and advocacy.
3. National network of voluntary, public, private and non-governmental health centres.

Non-Government Organisations

1. Enhance IEC training, counselling, advocacy, clinical services and innovative social marketing schemes.
2. Efficient service delivery to village and under-served segments of population.
3. Genuine long-term collaboration between the government sectors.

An Exercise on Population Policy

1. *Is your region/state/district/block/village reflecting similar adverse demographic indicator as stated in the policy?*
2. *Do you find the agenda enabling enough to make an impact on the demographic indicators in your region/state/district/block/village?*
3. *What approach has the policy taken in defining the objectives?*
4. *How realistic is the policy vis-á-vis the health care system and demographic indicators?*
5. *Is the action plan of the policy addressing your target group concerns? Which of this can you make use of to further strengthen your intervention?*
6. *Do you see your role as defined in the policy or somewhat different?*

Reproductive And Child-Health Program

An Overview

- **Mainstream program of the Family Welfare Program.**
- ***Main implication*** – Not a sub-programme or small component of a program.

JUSTIFICATION

- Health indicators not uniform for the whole country – **Addressing health as a development issue.**
- Health care system needs up-gradation – **A systemic obligation.**
- ICPD 1994, Cairo — Countries should implement unified programmes for the Reproductive and Child Health– **Adherence to an international commitment.**
- Integrated approach – cost effective, integrated implementation-optimize outcomes at the field level – **Economically viable.**
- Legitimate right of citizens to experience sound reproductive and child health – **Rights based approach.**
- Health care for the mothers and young ➜ longevity of the children ➜ small family size ➜ population stabilisation – **Fertility Regulation.**

Pre-requisite for the Success of the Program

- Policy support.
- Adequate resource support.
- Strengthening accountability of health workers and health system.
- Improving educational and economic status of women and families.

OBJECTIVES

- Integrate intervention of fertility regulation, maternal and child health with Reproductive Health of both men and women – **Fertility Regulation.**
- Services — client centered, demand driven, high quality – **Women centered approach.**
- Services should be based on the needs of the community reached through decentralized participatory planning – **Participatory planning.**
- Improve access – **Systemic.**
- Up-gradation of services- **Qualitative Improvement**
- Expanding outreach of services– **Quantitative Expansion.**

PROGRAM INTERVENTION

- An approach, that is area-based and differential.
- All the districts clustered into three categories on the basis of crude birth rate and female literacy rate.
- The districts will be covered in phased manner over three years.

ADDITIONAL COMPONENT OF RCH PROGRAM

Service Delivery

- An essential obstetric-care.
- An emergency obstetric-care.
- Twenty -four hours delivery services at PHC and CHC.
- Referral transport to indigent families through Panchayats.
- MTP
- Clinics for RTI and STI
- Civil Works.

Support Intervention

- IEC
- ISM
- Research and Development
- NGOS-Small NGO
  - Mother NGO
  - National NGO

- **Health worker :**

  (7^{th} day of month to) ➔ PHC

  (10^{th} day of month to) ➔ District

  (20^{th} day of month to) ➔ State

- District surveys.
- Concurrent surveys to assess the actual availability and utilisation of the RCH facilities.

AN EXERCISE on Reproductive Child Health Programme

1. *Which approach(s) is the program advocating for?*
2. *How viable is it (the approach) on the ground?*
3. *Is the program a true reflection of the paradigm shift?*
4. *What efforts are required to make the programmatic commitments a reality?*
5. *Are the different components of the program addressing the women's health concerns prioritized by you?*
6. *Which of the objectives and services have achieved a marked improvement in your area after the introduction of RCH program? Which processes or factors would you give credit to for this improvement?*
7. *Which of the objectives and services have either not achieved any remarkable change or have led to deterioration? Why was that so?*
8. *As an NGO partnering with the government be as a small NGO/mother NGO or national NGO have you been able to attain that role in reality? What are the constraints? What are the advantages of that role?*
9. *How is the MIS of the program helping you to assess availability and utilization of services? What are its advantages and limitations?*

SECTION VI

Module on Media's Role

Reproductive Child Health and Population Policy: Media Reports (2000-2001)

"India population policy stuck on paper"

- In the following two months…Dr. Michael Vlassov said India's population had increased by two million…while global population has increased by two million…while global population has increased threefold. During this century, the population of India has increased nearly five times.
- Estimates by U.N. bodies have shown that around 70% women in rural areas and 44% women in urban areas in India continue to be illiterate…it has taken more than 50 years for the government to come out with a population policy.

The Asian Age

"More reasons to worry than rejoice"

- The (***Tamil Nadu***) state's award winning achievements based on nine indicators…placed it even before ***Kerala***. The indicators included TFR, IMR, life expectancy, adult literacy rate and middle school enrolment.
- The IMR has been static for the last 10 years…in some districts the female IMR is higher than 100, a figure comparable to…even states such as ***Uttar Pradesh***, ***Bihar***…have achieved a faster reduction in IMR. Female IMR is about 58 as against male IMR of 48.

The Hindu

"Health for all in 2004, now"

- Twenty two years after the ***Maharashtra*** government committed itself to attain the centre's goal of health for all 2000. Various health indicators presents a dismal picture of the state's health scenario.
- Minister of health responding to this criticism said, "The burgeoning population responsible for the state of health services in ***Maharashtra***. Our government is implementing a comprehensive family planning programme and we should see positive results by 2004."

Indian Express, Mumbai

"Rural poor and health services"

- A survey done in ***Mysore*** and ***Kolar*** showed a complete lack of client confidence in rural PHCs. Many reasons were cited—"Most time only para-medicals working and pharmacists are on duty…sometimes the people have been turned back without treatment….there is no privacy during examination…do not have lady medical officers…medicines are not available…" Our data suggests that the there is need to strengthen the Dai training programme….

The Deccan Herald

Persisting Gaps and Concerns Indicated in NFHS-2

(All the clips are based on the findings of NFHS-2)

"A large section of those surveyed want a greater access to health care facilities"

The Financial Express

"Gender and family health"— an edit

- If read carefully the survey throws up troubling questions about the health structure…it shows that the family planning availability through the government agencies is receding.
- The big challenge in such a situation is to ensure the quality of loosely privatized services.

The Financial Express

- **40–49% city women are anaemic—says NFHS-2**

Reports Supporting the Role of Government

"Basic health parameters show marked improvement in Madhya Pradesh"

- Basic health parameters in tribal ***Dhar*** district of M.P. have shown a marked improvement thanks to the initiatives taken under the Rajiv Gandhi Mission…
- The alarming IMR of 104 per thousand…CMR of 134 per thousand…MMR of 7 per thousand…have sharply plummeted to forty, sixty and 3.5 respectively.
- One strategy was community delivery room to expand the reach of maternal health care.

UNI

"Women appear to be the main beneficiaries"

- Of the on going health camps which have attracted a large number of women and children... 27–74 lakhs people attended the camp, 514 had menstrual disorder...
- 73% of the people who attended the camp were labourers and 3/4th below the poverty line...nearly 33.2% were denotified communities...

The Hindu

"A.P. replaces Kerala as population role model"

- A.P. has emerged ...new role model for family planning, pushing Kerala to the wayside.
- Impressed by ***A.P.'s*** performance...all states have been asked to emulate ***A.P.'s*** strategy.
- If the ***Kerala*** model demands improving literacy levels...***A.P.*** simply concentrates on launching a high voltaic campaign for family planning.

Indian Express

Advocacy Supporting Women's Centered Health Initiative

- Gujarat is today more liveable for women. Activist Ila Pathak says drop in the number of unnatural deaths of women is a clear indicator that women NGOs have succeeded in the state - says **Times of India** on 8th March report.
- AWAG took up the task of sensitizing the officers of the judiciary and the police on women's issues. Almost 80% of the police force have been approached and the discussion on women's issues held.

"An alternative is born"

- Successful experiment in reducing child mortality rates in one of ***Maharashtra's*** poorest districts begs the question: Can home based health workers do the trick where conventional systems have failed...?
- The answer is 'yes' and the fact that the "Search" model has now been adopted by ICMR for in the rest of the India.
- But the question that is raised after this is whether... "Is there a danger of health workers taking on the role of self styled doctors?"

The Indian Express

"A healthy initiative - a family welfare programme in *Khairpur* run by FICCI along with PFI, brings cheer to villagers"

The Financial Express

Report Critical of NGOs

"No go to NGOs"

- Most of these NGOs only in name, their real purpose is to exploit the jet setting life style and perks.
- In a recent incident…an NGO booklet used language…sexually explicit…matter went to court.

Edit - Times of India

Depo-provera

"It's all about choice"

- Barely have the results of an extensive survey on ***Depo-Provera*** have been published…women's rights activists are lobbying for its ban yet again.
- There is no perfect contraceptive…***Depo-Provera*** would probably be the ideal.

Edit page article by Ritu Bhatia-Hindustan Times

"The body as victim"

- The post marketing surveillance sponsored by Upjohn…raises serious doubts regarding scientific objectivity of the data collected and its analysis.
- When choice is guided by a population control lobby, backed by…pharmaceutical companies choice should be viewed with caution.

Edit article in Hindustan Times

"NGOS demand ban on contraceptive"

The Asian age

"Women's organisation debunk proposal for new contraceptive"

The Indian Express

A Module on Evaluating Media's 'Advocacy Role'

What do the media clips indicate?

A study of mass media indicate that it plays the following roles:

- **Sets the Agenda**
- **Frames the Issue**
- **Creates Contested Frames**
- **Uses the Episodic or Thematic Frame**

Setting the Agenda

- The story -"India's Population Policy Stuck on Paper"-Story One
- "An Alternative is Born"- Says an op-ed article- Story Two

What constitutes a media agenda?

- Projecting a **professional stake in the issue**. In other words, as one of the key structures of any democratic polity, media makes known it's choices and the nature of its engagement with an issue.
- The media decides that it is too significant an issue to be just ignored or written-off.
- It cites a number of factors to prove why it considers it of great importance.

How did the news reports deal with the aspect of setting the agenda?

Story 1

- *It has taken more than 50 years for the government to come out with population policy. It remains to be seen how effectively this will be implemented.*
- *This year India's population crossed the one billion mark.*
- *Of the six billion plus people on the globe, more than one billion are Indians.*
- *In the following two months (after the billionth baby, Astha was born) ... India's population had increased by two million.*

Story 2

- *TAB C.P.M for scabies, Furazalitine for Dysentry.... When Kajubai Undirwade reels out this medicalese she's actually*

India's population policy stuck on paper

By Sugata Nandi

New Delhi, Dec. 25: This year India population crossed the one billion mark. Of the six billion plus people on the globe, more than one billion are Indians. India's billionth baby, Astha, was born on May 11 in New Delhi's Safdarjung Hospital.

In the following two months, the United Nations representative in India, Dr Michael Vlassov, said India's population had increased by two million.

In July, the Union health ministry announced the National Health Policy. The first page of the policy document reflected the nation's concern about its growing numbers saying. "If current trends continue, India may overtake China in 2045 to become the most populous country in the world. While global population has increased threefold during this century, the population of India has increased nearly five times." The health ministry convened the first meeting of the National Population Commission on July 27. The convention was addressed by Prime Minister Atal Behari Vajpayee who said the uncontrolled growth in population was undermining the achievements of the Indian economy.

At the same meeting, health minister C.P. Thakur said the immediate aim of the commission was to, "address the needs of contraception, health care infrastructure and health personnel, and to provide integrated services for basic reproductive and child healthcare."

The NPP's midterm aim was to slow down the population growth by six per cent by 2010. The ultimate aim of the policy is a stable population by 2045. Tracing the close link of population growth with the status of women in society, the policy has proposed free compulsory education for girls and marriage preferably after the age of 20. The document also said the extremely high infant mortality rates, especially in the rural areas, led to repeated pregnancies, which in turn contributed to the abnormal growth in population.

The other reason, in the opinion of the policy makers, was the fact that 50 per cent women continue to be married before they turn 18. This has resulted in a "too early, too frequent, too many" reproductive pattern.

The health ministry meanwhile, reiterated that the success of the commission was dependent largely on the performance of the ministry of education as education and family planning are related. The ministry also referred to female illiteracy. Estimates by UN bodies have shown that around 70 per cent women in rural areas and 44 per cent women in urban areas in India continue to be illiterate.

One demand that was repeatedly stressed upon was a separate health policy for women. The health minister, however, brushed aside all proposals asking for the separate policy.

The other demand, a long standing one, was for a bigger allocation for health and family welfare in the national Budget. The minister preferred to maintain silent on this demand.

It has taken more than 50 years for the government to come out with a population policy.

It remains to be seen how effectively this will be implemented.

reciting the prescription for an experiment that could give a new lease of life to countless neo-nates and children who face death only because they cannot get treatment in time

- *A successful experiment in reducing child mortality rates in one of **Maharashtra's** poorest districts raises the question: can home-based health workers do the trick where conventional systems have failed?*

Framing the Issue

How does the media frame an issue?

- **Select** certain people, institutions and events to project them as the **narrators or voices of the story**.
- Argue for a **definite stand** on an issue.
- Package the report with **necessary facts** to strengthen the story frame.
- Reflect a **mainstream view** that this is a rational and a necessary approach.

How did the news report deal with the aspect of framing?

Story 1

- *In July the Union Health Ministry announced the National Health Policy. The health ministry convened the first meeting of the National Population Commission on July 27, 2000*
- *Prime Minister Atal Behari Vajpayee, said that uncontrolled growth in population was undermining the achievements of the Indian economy.*
- *C.P. Thakur said that the immediate aim of the Commission was to "address the needs of contraception, health care infrastructure and health personnel..."*
- *The NPP midterm aim is to slow down the population growth by six per cent by 2010.*
- *The first page of the document reflected the nation's concerns about growing numbers.*
- *"If current trends continue India may overtake China in 2045..."*

Story - II

An alternative is born

EXPRESS FOCUS HEALTH

A successful experiment in reducing child mortality rates in one of Maharashtra's poorest districts begs the question: can home-based health workers do the trick where conventional systems have failed?

VIVEK DESHPANDE reports

TAB C.P.M. for scabies, Furazalitine for dysentry, Paracetamol for fever, Aspirin for bodyache and fever, Septran syrup for pneumonia, Gentamycin for sepsis, Vit K for newborn and Chloroquin for malaria.

When Kajubai Umiirwade reels out this medicalese she's actually reciting the prescription for an experiment that could give a new lease of life to countless neo-nates and children who face death only because they cannot get treatment in time.

And Kajubai is just one among hundreds of semi-literate women and men who have made the revolution possible in Gadchiroli district of Maharashtra, which is dogged by child deaths. Due to the efforts of a non-governmental organisation, Society for Education, Action and Research in Community Health (SEARCH) — run by a doctor couple Abhay and Rani Bang — mortality has dropped from 120 per 1,000 deaths between 0-5 years in 1995 to 30 per 1,000 in 1998.

Gadchiroli, a backward district with poor medical facilities, has a male and female paramedic worker per 3,000 people and a primary health centre per 20,000 people. The SEARCH experiment started in 1993 against this backdrop. For two years, the group investigated the number of and reasons for the deaths of children in the age group of 0-5. Neo-natal care was introduced in 39 intervention villages from 1995. SEARCH selected villagers educated minimum up to the primary level and trained them as health workers — the women were trained as *dais* or traditional birth attendants (TBAs). The health workers would prepare a list of prospective mothers in their respective villages and educate them on aspects of child birth in the last three months of pregnancy.

The SEARCH survey revealed that most neo-nates in the area die of pneumonia, sepsis and asphyxia. A parallel study by SEARCH experts was also conducted to check the veracity of the figures arrived at by the health workers. Trained female health workers treated the neo-nates for these ailments, and the prevailing neo-natal death rate of 62 per 1,000 in the intervention area dropped to 25.5 by the third year.

Initially, the team came up against strong opposition from the tribals. "They would simply drive us away," recalls Dr Sanjay Baitule, who supervises the health workers and provides health education. "Blind faith and crude methods of child delivery were rampant," he added. For instance, the umblical cord would be cut with the help of a crude preparation of roof tile.

Himka Jambandhu, an attendant from Ambeshivni village, said, "When we started telling them that the traditional methods were harmful, they would become angry. But we stayed put. Now they have realised the importance of maintaining sanity."

The SEARCH model has now been adopted by the Indian Council of Medical Research (ICMR) for emulation in the rest of India. In America, the National Academy of Medicine has decided to implement the model in some African countries with the assistance of the United Children Fund.

But is there a danger of health workers taking on the role of self-styled doctors? Dr Baitule disagrees. "We have demonstrated that proper selection and training of health workers coupled with strict supervision can make it foolproof," he says. "Firstly, we pay them incentives. We keep a strict tally of medicines in the special kits provided to them. We also ensure that all the used-up syringes are burnt immediately after use."

Dr Rani Bang also makes a case for providing legal sanction to home-based neo-natal care by health workers. "It is a cheaper and safe way. Legal sanctity can be ensured by adopting the method as policy," she says. "But the model will have to be employed taking into consideration the local factors," she adds.

Dr Abhay Bang claims that home-based neo-natal care can reduce neo-natal and infant mortalities by nearly 50 per cent among the malnourished rural populations not only in India but in all the developing countries. The truth in this claim cannot be missed, since reaching healthcare to the poor has remained a dream for this part of the world.

Wedding vows

ABHAY Bang was born and brought up in Wardha. His father, Thakurdas Bang is a well-known Gandhian leader there. He met Rani at the Government Medical College in Nagpur. Though trained in clinical medicine, the Bangs had a desire to work in the area of public health. But before that, they enrolled themselves in the John Hopkins University in the US. After returning to India in 1986, the couple set up Shodhgram, the SEARCH headquarters, in a forest 17 kms from Gadchiroli.

At Shodhgram, they conducted a detailed study of the socio-medical problems of the region, involving the villagers in the search for solutions. Their work includes anti-liquor and de-addiction campaigns, sex education for rural youth and health education, besides a regular hospital at Shodhgram.

During the tenure of the Shiv Sena-BJP government regime in Maharashtra, SEARCH established that the government's figures of child deaths in tribal areas of Gadchiroli smacked of under-reporting. At least 25 per cent of the deaths were not being registered in the government records, it was revealed. Following this, the government directed the District Collector to conduct a survey, which underscored SEARCH's claim. The government tried to underplay the issue, but pressure by opposition parties forced the then chief minister, Manohar Joshi, to announce measures to tackle the problem.

Dr Abhay and Dr Rani Bang

Story 2

- *And Kajubai is just one among hundreds of semi-literate women and men who have made the revolution possible in Gadchiroli district of Maharashtra which is dogged by child deaths.*
- *Due to the efforts of a non-governmental organisation "Society for Education, Action and Research in Community Health" (SEARCH) – run by a doctor couple Abhay and Rani Bang- mortality has dropped from 120 per 1000 deaths between 0-5 years in 1995 to 30 per 1000 in 1998.*
- *The SEARCH model has now been adopted by the Indian Council for Medical Research for emulation in the rest of India.*
- *In America the National Academy of Medicine has decided to implement this model in some African countries.*

Creating Contested Frames

- This implies that every frame **qualifies the issue**, explains what is vital to the concern and suggests solutions.
- **Specific symbols and narratives** are used to strengthen the framing.
- Emphasizing a **definite outcome** is a common way of strengthening the frame.

How did the news reports deal with the aspect of creating contested frames?

Story 1

- *Extremely high infant mortality rates especially in the rural areas leads to repeated pregnancies which in turn contributes to the abnormal growth in population.*
- *Fifty per cent women continue to be married before they turn 18. This has resulted in "too early, too frequent and too many" pregnancies.*
- *The health ministry... felt that education and family planning are related.*
- *The policy has proposed free compulsory education for girls and marriage preferably after the age of 20.*

Story 2

- *Gadchiroli is a backward district with poor medical facilities, has a male and female paramedic worker per 3000 people and a primary health centre per 20,000 people.*
- *The SEARCH survey revealed that most neo-nates in the area die of pneumonia, sepsis and asphyxia.*
- *Himkar Jambandhu, an attendant from Ambeshivini village said "when we started telling them that the traditional methods were harmful they would become angry. But we stayed put. Now they have realised...."*
- *"We have demonstrated that proper education and training of health workers coupled with strict supervision can make it foolproof".*

Episodic Frame (s)

- Is **event-oriented**, specific and concrete
- **Stories are compelling** but simple and personal
- Use **individual stories** to illustrate social problems

Thematic frame (s)

- Is **issue-centered**.
- **Rely on data, reports** and a set of quotes from key decision-makers like politicians to tell a much more complex story.
- Represents the **collective side of an issue**.

All the quotes cited above clearly support the use of the episodic frame.

GLOSSARY

ANM- Auxiliary Nurse Midwife

AWW- Angan Wadi Worker

BIMARU- Bihar, Madhya Pradesh, Rajsathan. Uttar Pradesh

CINI- Child In Need Institute

CNA- Community Needs Assessment

CHC- Community Health Centre

FPAI- Family Planning Association of India

HIV- Human Immuno Deficiency Virus

ICDS- Integrated Child Development Scheme

ICPD- International Conference on Population Development

IEC- Information Education and Communication

IMR- Infant Mortality Rate

ISM- Indian Systems of Medicine

MMR- Maternal Mortality Rate

MTP- Medical Termination of Pregnancy

NGO- Non Government Organizations

Op-Ed- Opposite Edit Page

PHC- Primary Health Care

RCH- Reproductive Child Health

RTI – Reproductive Tract Infection

STD – Sexually Transmitted Disease

STI- Sexually Transmitted Infections

TBA- Traditional Birth Attendants